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ABSTRACT

Oriented to rehabilitation facilities that are interested in maintaining and expanding their markets, this pamphlet presents publication excerpts that provide an understanding of the impact of organizational quality. The excerpts emphasize development of quality products and services through motivation of staff, effective communication, use of small divisions and quality circles, adaptability, and little formality. The role of quality of life in the community integration/community living movement is described. Elements of quality of life, such as empowerment, friendship, and being valued, are described. Supported employment is cited as a vehicle that may improve quality of life by adding work options. Basic ingredients involved in quality of work life are examined, along with the role of rehabilitation facilities in focusing their attention on these ingredients. Finally, the position of the National Association of Rehabilitation Facilities is stated. Includes 29 references. (JDD)

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Quality of Life

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Quality of Life

Speaking of quality assurance, Hank Bersani stated in a recent TASH newsletter: "We must turn to indicators of presence and participation in the community, developing interpersonal relationships with others without disabilities, personal choice and self-determination." (October 1988, p. 2). An underlying theme of many recent discussions on opportunities for persons with disabilities has been consumer satisfaction and quality; particularly, quality as it relates to individual preferences, opportunities, and outcomes.

Quality is one of the key words of the eighties -- quality and excellence. From *In Search for Excellence* (Peters and Waterman, 1982) right through to Peters' latest book, *Thriving on Chaos*, resounding messages ring out: quality makes a difference, quality brings profit, quality work conditions contribute to quality products, the quality edge, the market for quality, people will pay more for quality.

> Excellent firms don't believe in excellence -- only in constant improvement and constant change (Peters, 1988, p. 4).

Rehabilitation facilities that are interested in maintaining and expanding markets may once again learn from the business quality movement. By studying the movement, facilities should be better able to understand how to advance the quality of living of persons with disabilities. Both the current business and community integration/supported employment movements focus on quality work conditions, employee job satisfaction, and creative ways of constantly improving. The connections between the two movements also bridge management concerns with quality of rehabilitation programs, preparing for change, and improving conditions for persons with disabilities who are both the consumers and the providers of services funneled through rehabilitation agencies. As Ann McLaughlin, Secretary of Labor, stated last May, "producing quality goods and services requires a quality workforce" (1988, p. 8).

The following excerpts from recent publications are presented to assist with an understanding of how organizational quality affects markets and services. How organizational quality influences the lives of persons with disabilities is then examined.

Advice on Quality

- **From *The Winning Performance: How America's High-growth Mid-size Companies Succeed* (Clifford and Cavanagh, 1985):**

The best companies seem to contain a special renewal ingredient...dynamic adaptability -- a restless drive that permeates the organization and asserts that the job is never done; that no product, service or function is ever good enough; that the search for more, new and better must go on (p. 90).

...They have an unusually clear vision of their distinctive roles...they have an acute sense of the basis of their competitive advantage (p. 90).

Good, small companies have some of the best organizations you'll find anywhere because they have so little structure and formality. There are only two things that matter: the quality and motivation of the people, and the validity and power of their common goal... the trick of bigness is to keep a diverse, often dispersed group of personalities working together productively so they can succeed in the infinitely varied activities.... (p. 74).

Four general themes... run through the culture in most of the winning performers: earned respect, evangelical zeal -- an honest enthusiasm... a habit of dealing people in -- the tradition of communicating just about everything to everybody in the organization and a view of profit and wealth-creation as inevitable by-products of doing other things well (p. 14).

...having successful customers... (is) the company's most important objective(s) (p. 106).

...A company -- somehow, must:

1. Attract and motivate people of rare competence and character whose capabilities fit the needs of the business and whose personalities fit its culture and thereby lend themselves to collaboration;

2. Communicate a consistent message of corporate values, objectives, and ways of doing things across growing geographic, personality and functional gaps;

3. Nurture a deep-felt ambition and determination to be outstanding -- even while the connection between the individual tasks and the overriding mission of the corporation becomes harder to comprehend; and,

4. Keep changing things, often dramatically, in anticipation of and in response to developments in the outside world and to new ideas generated inside (p. 76).

- **In reference to the winning companies,**

They keep divisions small. They break divisions into profit centers.... They drive toward clear financial objectives.... They pay for business success.... They foster values that support innovation and individual freedom (p. 83).

Consider Quality Circles-- groups of employees meeting regularly to identify, analyze and solve quality concerns.

Our top priority is caring more. This is our only business (p. 94).

- **From one of the top ten winners, the "Cray Style":**

First, quality -- in products, working environment, people, tools, components... the company has decided to emphasize quality in every aspect of its work. Second, informality... third, fun...fourth, professionalism -- "people are treated like and act like professionals [and] trust each other to do their jobs well, and with the highest technical standards" and then, finally: achievement and the creativity of individuals (p.180).

- **Ready for further wisdom? More, from *Thriving on Chaos:***

1. In Los Angeles with a population of 13 million, 90% work in small firms of 50 people or less.

2. There is a trend towards subcontracting.

3. There is a coming age of reductionism; the Japanese passion for smallness.

4. New markets demand flexibility and speed.

5. Only 34% of the major technical innovations come from giant firms.

6. With large corporations it is more difficult to risk and large firms are burdened by high costs of internal coordination.

7. One need is to retrain employees -- to increase the value of labor.

8. The winning look: flatter, more autonomous units; differentiation with niche markets; quality consciousness; service-consciousness. Organizations are more responsive and faster at innovation, with highly trained, flexible employees.

9. Organizations need a tolerance for failures, encouraging innovation; a porous organization listening intently to its customers; a flexibility through "empowered people prescriptions" -- based upon high involvement, minimal hierarchy, and increased rewards based upon new performance parameters (quality and responsiveness). Think about creating rather than sharing markets.

10. Capitalize on the small distinctions between one's product and others.

11. Quality equals profit.

12. Consumers are willing to pay 50% more for quality.

13. Most quality systems fail for one of two reasons: they have systems without passion or passion without systems.

14. Quality should be measured -- should begin at the outset of the program measurements and should be visible; quality should be rewarded.

15. Quality improvement is the primary source of cost reduction.

16. Quality should be recognized as a virtue -- something to be sought for its own sake -- not just a profitable strategy.

- **These books also provide some advice on what not to do:**

  Don't adopt a review and evaluation process [that is] so cumbersome... don't fear over competition... don't overcontrol people or abandon them. (Clifford and Cavanagh, p. 88).

- **Peters (1988), in discussing how to package quality, urges careful monitoring, the right pacing, the right mix, and balance -- the wrong combination can miss the mark.**

Quality and Community Integration

Is it any wonder, with the societal emphasis on quality, that professionals in the rehabilitation field and others assisting persons with disabilities are also in the midst of "quality" discussions? "Quality of life" has been and remains a key component of the community integration/community living movement.

Some of the basic issues related to supported employment, community integrated environments, community living, independent living, and least restrictive environments originate from a focus on quality of life and quality of work. The issues involve how to affect societal change so that persons with disabilities are afforded the same rights and opportunities as are non-disabled persons.

The community integration movement is interested in achieving something beyond independent living, community work, or more normalized experiences. The heart of the movement is to obtain the conditions necessary for true acceptance and integration of all persons. Commitments have been made focused on discovering ways to humanize services, equalize status, socially integrate, and achieve "social role valorization" (Wolfensberger,1983) -- **or to arrange conditions so that people with disabilities are valued members of communities** -- to achieve conditions so that *friendships* with persons with disabilities, persons with differing mental abilities, persons with differing physical capabilities or emotional strengths and weaknesses are valued, encouraged, explored, and a part of everyday life.

Empowerment

One major tenet of the quality of life movement is the right of freedom of choice, or empowerment. As Burton Blatt has stated: "Is anything more central than being free -- simply being free? Retarded people can live, can have meaningful lives only if they are free. In this regard, they are no different

from the rest of us" (1988, p. 327). Yet, the regulation that has occurred and is still occurring, the restrictions that have been placed on activities, privacy, time away from residential living quarters, and participation in community activities all contradict empowerment. This is not to say, however, that many of these regulations have not served a purpose.

Regulations sometimes have been added to influence quality. One such regulation involves the length of time between breakfast and lunch. That regulation has meant not only that individuals have a protected experience of "spaced meals" approaching the most desirable eating schedule, but that persons in intermediate care facilities have had to rise at 7:00 each morning, even on weekends, in order to meet this regulation. That is hardly a normal or empowering way of conducting one's life.

Other regulations or restrictions have had economy and planning for a group as their basis. Limited use of vans, and carefully scheduled "field trips" to community centers, shopping malls and fast food establishments fall into this latter category.

Empowerment, by definition, reflects an individualized focus on a person-by-person basis. Systems and programs within those systems need to be restructured and reexamined in light of what service delivery models make sense. Both decision-making and experiencing the results of one's decisions are a part of everyday life for most persons. Deciding whether to eat at MacDonald's or Burger King, deciding when to go to the mall, what stores to visit, and whether to go with a friend or alone is normal. Experiencing the effects of overspending a budget also is normal. Providing opportunities for persons with disabilities to have these experiences is sometimes in direct conflict with previous policies, policies such as "carefully and consistently providing help and support."

One technique that has been used to provide the individual with the need to be responsible for him/herself and to experience the effects of his/her choices has been "shadowing" or watching from a distance to ensure safety and reduce risks. That technique has been used widely with transportation (bus riding) training. It also can be effective for other community activities. Other techniques also are available to provide more opportunities for choice and community interaction, while still providing appropriate safeguards.

Empowerment as a quality of life issue has been operationalized by Keith, Schalock & Hoffman (1986) by considering the degree of environmental control, amount of social interaction and variety of community utilization.

This structure provides a possible framework for measuring quality. In the case of "regulated meals", an example of a quality standard is: "the individual shall be given choices concerning meals and mealtimes, and the option of providing one's own meal." Such a standard provides a better indicator of quality than a standard such as "four hours will elapse between meals," a standard which at first reading may appear to be just as beneficial. To facilitate quality development, many previous practices need to be examined under the same microscope that located the difficulties with "spaced or regulated meals."

Empowerment also is up to the individual. Agencies can promote or enable empowerment through providing opportunities and structuring learning so that individuals gain practice and experience making effective choices; however, the ultimate choices and opportunities to direct one's own life rest with the individual.

The bottom line with quality for people who have led restricted lives involves expanding their environmental control, social interaction, and access to the community. Rehabilitation facilities have been taking actions to assure greater access to the community. Expanded provisions for supported and transitional employment are a part of this involvement. Within rehabilitation facilities changes have been made in administrative structures, the use of personnel, marketing, and planning. Because rehabilitation facilities have extensive experience in providing quality services, negotiating with state agencies, and working with employers as well as coordinating with residential providers they are in an ideal position to expand their role as "quality coordinators."

Friendship

Another major assumption of the quality of life movement is that friendships and meaningful social interactions add to one's quality of life. "Joshua circles" (Perske, 1988) refer to one such structure that has been implemented to break down walls and make significant changes in the lives of persons with disabilities through establishing friendship networks. With Joshua circles, friends, not staff, are the persons who assist, who are there to share things with, who spend time with persons who have disabilities. With Joshua circles, problems are solved through a "friendship" and not a bureaucratic mindset. Friends help with jobs, family, personal and monetary concerns. Friends laugh together, go places together and share their lives. Such support and the self-esteem fostered by such friendship are crucial to all our lives.

The friendship model of assisting persons with disabilities originated in Europe. In Switzerland, in small communities, people help each other out in a natural, less orchestrated way, creating places for people to fit into society, with staff "living with and among the handicapped [persons], not simply being their caretakers" (McCleary, 1985, p. 204). With the friendship orientation, individual differences are recognized, acknowledged, and dealt with -- work is adapted, expectations are adjusted, success is individualized and collaborative efforts are encouraged.

This concept of quality of life goes far beyond measures of wages, hours worked, or community integration. While these former measures may be important, the center of quality of life from the friendship perspective is on individual relationships and quality of interactions -- feeling valued, accepted, and a part of ongoing, day to day life. Many individuals have valued friendships within sheltered work programs. Maintaining friendships and avoiding isolation as individuals move into the community are concerns, which if not addressed, could lead to dissatisfaction and a reduced standard of living. Careful monitoring, planning and programming for social development are needed and cannot be left to chance as persons transition into community employment.

Many direct training staff in facilities also have been participating in after work social activities with supported employees. These staff, given information on how to assist with "friendships on the job" (Chadsey-Rusch, 1988), can proceed to further develop and strengthen friendship opportunities.

On Being Valued

Bercovici (1983), along with others, has described the marginal status of persons with disabilities, and, in particular, persons with mental retardation. Farber (1968) has referred to "surplus populations", an idea used to describe segments of society which are not needed. According to this theory, however, even though surplus populations are devalued, they are central to maintaining certain features of the society of which they are a part. One role they assist with is the generation of special institutions and service delivery systems, systems which base their existence on the devalued status of others and systems which would be hard pressed if "cures" were suddenly available. Scull (1977) has gone as far as to say that for "decarcerated" people, "being in the community" is only an illusion. Biklen (1977) also has discussed the "colonization" and the adaptation necessary for those individuals in state institutions. Bercovici has presented evidence of continued colonization in the community.

Bercovici, in *Barriers to Normalization: The Restrictive Management of Retarded Persons* (1983), provided direct examples of the small social systems which have been created in communities. These systems are quite different from other subcultures found in society at large and the members of these systems often are stigmatized by obvious physical or mental handicaps. Geiger (1975) has suggested that in order to understand these persons, it is necessary to understand the effects of lifetime societal supervision -- the surveillance or control of the state and its agents to which certain populations are subjected.

In improving the quality of lives for persons with disabilities, one way to get "great gains" is to search for opportunities that, without question, enhance their status. An example of such an opportunity is Project Vital, a project which trains persons with developmental disabilities to be part of video production crews. Additionally, Project Vital has developed television shows interviewing persons with disabilities on their "Dreams and Wishes" and has developed television shows based on their interests, needs and concerns. Alan Dachman, Director of that project, has stated: "Persons with disabilities have to come out. There is nothing wrong with being disabled." People, all people, need to hear this message and start believing it.

The Relationship of Friendship, Being Valued and Empowerment to Supported Employment

How do friendship and empowerment relate to supported employment and overall quality of work? If these conditions were to be measured with quality of work, then questionnaires or observations of one-to-one interactions and group interactions would be useful. Questions about topics discussed, emotions shared, advice given and sought would be included. Significant others -- employers, parents or guardians, siblings, counselors, trainers, peers, and friends might contribute valuable information on an individual's quality of life. Time spent by self -- recognizing the need for some solitude and privacy -- versus time spent with others could be another important measure.

At work, persons who are well accepted and valued and persons who have a quality work experience are likely to feel respect and to be able to share jokes or personal stories. These persons are likely to contribute valuable information on work as well -- information on specific procedures to follow and organization of work tasks. These persons also are likely to be involved in choice decision-making -- they have some say in their work hours, tasks, working conditions and future career plans. Persons with quality work

experiences have enough experience to have developed preferences and to recognize opportunities to increase work satisfaction so that the quality of their work experience continues to evolve.

Of course in the evolvement of this quality work experience, things will fluctuate. As conditions change and gains are made in one area, it is likely that dissatisfactions will emerge in another area. So, what is of foremost concern is not the "still picture" but rather the pattern over a period of months or years.

Definitive studies of friendships in a variety of work environments have not yet been conducted, however, the only really fair test is to give individuals experiences across environments and then ask them to evaluate the experiences or indicate their preferences. Recent discussion of qualitative methods (Biklen and Moseley, 1988) provide the background information on techniques which could combine interviews and observations to better understand individual preferences and how friendship preferences fit into more global work and environmental preferences.

Perhaps supported employment will be a part of the vehicle to obtain valued conditions, perhaps transitional employment, or work adjustment or valued work at a segregated site will be the means. What is critical, however, is having options and adding supported employment adds options.

Choice and Work

Choice at work involves, among other things, choice concerning one's values about work -- is money more important than the type of work one does? Will working with friends, or at a convenient location or with a well-liked employer be more important than wages or benefits? For persons without disabilities, the criteria or conditions for satisfaction varies and even fluctuates for the individual as the employee adjusts and adapts to new situations over time. It is logical to assume that such fluctuation also occurs for persons who have little or no verbal ability and have difficulty communicating preferences or for other persons with disabilities who, for whatever reason, are not communicating their preferences. (These reasons could include lack of training or experiences with preferences, trained passivity, fear, or lack of awareness).

A recent work satisfaction survey of 23,000 respondents conducted by *Psychology Today* shows that for persons without disabilities, wages and benefits ranked number 12 and 16 out of 18. The study also indicates that the following were ranked most important (listed in order of importance):

- a chance to do something that makes me feel good about myself
- a chance to accomplish something worthwhile
- chances to learn new things
- opportunity to develop skills and abilities
- the amount of freedom I have on the job

The study also reported that two-thirds of the respondents were unwilling to accept a higher-paying job if it meant less interesting work.

A Review of Quality of Work Life for Persons Without Disabilities: What is Important?

Quality of work is a subset of the larger dimension, quality of life. Work can dramatically affect one's overall quality of life, due not only to the number of hours one spends working, but also due to: 1) the affiliation, identity and satisfaction one gains from one's work; 2) the contribution of wages to buying power and opportunities to participate more fully in desired activities; and, 3) the opportunities provided to learn and gain social skills which transfer to other areas of life.

"Quality of work life" is a phrase which originated with General Motors and the United Auto Workers to define the degree of satisfaction an employee has with the work process (Kern, Riley, and Jones 1987). Quality of work life refers to "the degree to which members of a work organization are able to satisfy important personal needs through their experiences in the organization" (Hackman & Suttle, 1977, p. 4). Basic ingredients include (presented in an unranked order):

- Adequate and fair compensation.
- Safe and healthy environments.
- Development of human capacities.
- Growth and security.
- Social integration.
- Constitutionalism (the rights of the worker and how these rights can be protected).
- The total life space (the balanced role of work in one's life).
- Social relevance (when organizations act in socially irresponsible ways, employees depreciate the value of their work and careers).

Hackman and Suttle further suggest that the quality of work life and organizational effectiveness are interdependent; change in needs or expectations in one can have a major impact on the other. Individual differences, including

differences in backgrounds, also affect one's perception of the quality of work life.

The literature on quality of work for persons without disabilities contains many references to Maslow's "Hierarchy of Needs" (Maslow,1954), McGregor's "Theory X and Y" (McGregor, 1966) and Herzberg's "Theory of Motivation" (Herzberg, 1968). A newer theory which also has played a significant part in promoting new conceptualizations of employee satisfaction has been advanced by an American researcher of Japanese origin, William Ouchi (Ouchi, 1981).

Maslow's hierarchy of needs is built upon the premise that needs must be adequately satisfied at each level before an individual moves on to consider higher level needs. The five levels of Maslow's hierarchy are: basic existence, safety (shelter and security), social needs/needs for affiliation, esteem needs (activities that recognized their contribution to groups), and self-actualization (growth or the need for achievement).

McGregor articulated the difference between classical management, Theory X, which states that there is no satisfaction in work itself and that employees must be tightly controlled since they are not enthusiastic about work and Theory Y which maintains that workers exercise self-direction and seek responsibility when motivated.

Herzberg's theory, also known as the motivator-hygiene theory, bases motivation on two factors: 1) those issues and activities that prevent dissatisfaction but do not motivate employees to actually grow; and 2) issues and activities which provide an impetus for growth. Herzberg postulated that secondary issues related to employment (hygiene issues) such as working conditions and safety form one category and issues central to one's work responsibilities belong to a separate category (motivators). Herzberg argued that when economic rewards and lower-level needs are not met they become hygiene factors and deterrents to motivation and productivity. Although some controversy surrounds Herzberg's work, his theory has been instrumental in promoting the need to build motivators into jobs.

Ouchi's "Theory Z", based upon McGregor's work, suggests that organizations which are the most productive are egalitarian. Furthermore, these organizations have employees who participate fully in running the company and have leaders who exhibit subtle concern for interpersonal relations.

When considering quality of work, it is also important to attend to changes in employee needs and concerns over time. Hackman and Suttle (1977) have reported upon the following major stages and processes in development of careers:

1. The exploration stage.
2. The establishment stage, including getting started, and first jobs, and socialization by boss, peers, and subordinates, and the reality shock of what the work is really like.
3. Times of leveling off, transfer, and/or promotion.
4. During granting of tenure when feelings of being accepted by an organization may arise or a crisis of reassessment may occur.
5. The maintenance stage (mid-career: growth; late-career: psychological preparation for retirement and deceleration in momentum).
6. The decline stage (formal preparation for retirement, learning to accept a reduced role, and accommodations to family and community.

Quality and Rehabilitation Facilities

In this era of quality concerns, the role of rehabilitation facilities has shifted from a focus on protectionism to providing exemplary services and creating exciting new opportunities. Rehabilitation facilities which "were there" for adults with disabilities during times of limited resources and attention, are becoming increasingly involved with innovation and the provision of effective services resulting in desired outcomes (e.g., good wages and working conditions, and integrated, competitive employment).

In evaluating the role of facilities, attention should be focused on both their evolvement and the array of services which they have provided and continue to provide. Recent critics have lumped together all services provided by rehabilitation facilities under the umbrella of "sheltered workshops" (Moore, McCuller & Salzburg, 1988). As Joe Campbell, Director of Incentive Community Enterprises in Massachusetts, has pointed out in a discussion of NISH contracts: "Often the facilities developed a capacity for providing stable, highly paid work opportunities to clients" (1988, p. 194). The role of the Commission on Accreditation of Rehabilitation Facilities and their demanding performance standards should also be acknowledged. During the 1960's and 1970's with implementation of the accreditation standards, many improvements were made in facilities and many programs strengthened. These standards are continually being revised to continue reaching toward contemporary standards of excellence.

In retrospect, facilities pieced together opportunities for supervision and training even when resources were limited. As facilities developed their industrial capacity and obtained more sophisticated contracts, there was more emphasis on work productivity and, of necessity, on meeting quotas required to maintain an adequate supply of work that scarce resources could be further stretched to improve work conditions and enhance work as a rehabilitation modality.

Over the years, work conditions for persons with disabilities sometimes improved through investment in new equipment, better trained personnel, better supervision, better contacts with employers and the community and better communication with decision makers at all levels. Such changes often contributed to the quality of work life. Such improvements in work conditions, however, fell short of creating optimal improvements in the quality of work or quality of life of the employee with disabilities. For example, individual rehabilitation plans, a concept borrowed from education, were developed to fit existing conditions, with limitations necessarily imposed by legislation, funding streams, financial structures, work opportunities, the physical layout of the workshop and existing contracts.

The provision of approved programs with long-term support and ongoing supervision has radically altered the conceptualization of possibilities for employment and the individuals for whom community employment may be possible. The movement also has helped to lift the "cap" on wages for persons with severe disabilities. What may well have been impossible to achieve without the assistance of one-to-one supervision, may be very obtainable with such assistance. In practice, then, greater opportunities now are available, increasing the likelihood of a good match between individual needs and desires and individual employment and empowerment.

The focus on quality, along with the community integration movement, has provided an opportunity to "dream," to attempt to remove intellectual and other presupposed barriers and to structure ways to achieve quality without previously set limitations. Rehabilitation facilities, with greater resources and opportunities today, are challenged to demonstrate quality effects and quality results -- quality in terms of meaningful outcomes for persons with disabilities. Higher wages, better benefits, more integration, more acceptance and more empowerment are the key issues.

Many staff from rehabilitation facilities have been in the forefront in enhancing both work and general living conditions for persons with disabilities through upgrading work experiences and concerned case

management coordination with residential providers. Rehabilitation facilities, by adding supported and other community employment options, and by working closely with employers, residential providers and schools in providing transitional and other community employment have the capabilities of furthering dreams. Rehabilitation facilities also have been the primary agencies providing supported and other community-based placements for persons with disabilities and as such are in the position to bring about desired change (Edelstein, 1988).

NARF's Position and Involvement

In continuing to represent rehabilitation facilities, NARF is attentive to both the high quality programs which have been provided these past twenty years and the innovative practices of today. NARF also is mindful of the responsiveness of rehabilitation facilities. NARF advocates for the continued involvement of rehabilitation facilities as the primary providers of rehabilitation employment services.

New technologies, advancements in corporate development, and the progressive changes in the lives of persons who are disabled all point to what can be accomplished. Facilities should be able to provide services of increasingly higher quality through attention to the continuing progress in these areas. Facilities have often been at the forefront in empowering individuals as employment has opened doorways to richer and fuller lives for adults with many capabilities as well as disabilities. Facilities also will gain the competitive edge and enhance their credibility through increasing empowerment and providing opportunities for better wages and better working conditions.

NARF supports facilities moving into positions of greater leadership by responsible teaching and by expanding conscientious and systematic efforts that encourage decision making that is done by and not for individuals with disabilities. NARF strongly urges facilities to continue to refine their programs and services and to take advantage of the new community awareness, additional resources, and expanding employment options. In so doing, NARF recommends that facilities not neglect populations they have been serving effectively, even with the current pressure to focus on individuals with severe disabilities. Facilities have an obligation to continue to do what they have done well and to improve those things they can do better.

REFERENCES

Bercovici, S.M. (1983). *Barriers to normalization: The restrictive management of retarded persons.* Baltimore: University Park Press.

Bersani, H., Jr. (1988, October). Issues in quality assurance in residential services, *TASH Newsletter*, pp. 2-3.

Biklen, D. (1977). The politics of institutions. In B. Blatt, D. Biklen & R. Bogden (Eds.), *An alternative textbook in special education*, (p. 81). Denver: Love Publishing Company.

Biklen, D. (1988, June). Empowerment: Choices and change. *TASH Newsletter*, pp. 1, 2, 13.

Biklen, S.K. & Moseley, C.R. (1988). "Are you retarded? No, I'm Catholic": Qualitative methods in the study of people with severe handicaps. *The Journal of the Association for Persons With Severe Handicaps, 13*(3), 155-162.

Blatt, B. (1987). *The conquest of mental retardation.* Austin, TX: Pro-Ed.

Campbell, J.F. (1988). Rehabilitation facilities and community-based employment services. In P. Wehman & S. Moon (Eds.), *Vocational rehabilitation and supported employment*, (pp. 193-202). Baltimore: Paul H. Brookes Publishing Co.

Chadsey-Rusch, J. (1988, April). *Friendship in the workplace.* Paper presented at the Ninth Annual Young Adult Institute, New York, New York.

Clifford, D.K., Jr., & Cavanagh, R.E. (1985). *The winning performance: How America's high-growth midsize companies succeed.* New York: Bantam Books.

Edelstein, T.B. (1988). Rehabilitation facilities and supported employment: Implementation issues. In P. Wehman & S. Moon (Eds.), *Vocational rehabilitation and supported employment*, (pp. 213-218). Baltimore: Paul H. Brookes Publishing Co.

Farber, B. (1968). *Mental retardation: Its social context and social consequences.* Boston: Houghton Mifflin.

Geiger, H.J. (1975). The causes of dehumanization in health care and prospects for humanization. In J. Howard & A. Strauss (Eds.), *Humanizing Care.* New York: John Wiley & Sons.

Hackman, R.J., & Suttle, L.J. (1977). *Improving life at work: Behavioral science approaches to organizational change.* Santa Monica, CA: Goodyear Publishing Co. Inc.

Herzberg, F. (1968 January-February). One more time -- how do you motivate employees? *Harvard Business Review*, pp. 53-62.

Herzberg, F. (1966). *Work and the nature of man.* Cleveland, OH: World Publishing Co.

Kern, J.P., Riley, J.J., & Jones, L.N. (1987). *Human resources management.* New York: ASQC Quality Press.

Keith, K.D., Schalock, R.L., & Hoffman, K. (1986). *Quality of life: Measurement and program implicators.* Lincoln, NE: Region V Mental Retardation Service.

Maslow, A. (1954). *Motivation and personality.* New York: Harper and Row.

McCleary, I.D. (1985). Intervention programs for young handicapped children in Europe: An overview. *Journal of the Division for Early Childhood, 9*(3), 195-205.

McLaughlin, A. (1988). Building a quality workforce. *Business America, 10*(9), 8.

McGregor, D. (1966). *Leadership and motivation.* Cambridge, MA: M.I.T. Press.

Moore, S., McCuller, G.L., & Salzberg, C.L. (1988). Professional skill levels of sheltered workshop staff: Selection criteria and post-employment training. *The Journal of Rehabilitation*, 54, 67-70.

Ouchi, W.G. (1981). *Theory Z.* Reading, MA: Addison-Wesley Publishing Co.

Perske, R. (1988, January). Friends circle to save a life. *TASH Newsletter*, pp. 1-3.

Peters, T. (1988). *Thriving on chaos.* New York: Alfred A. Knopf.

Peters, T.J., & Waterman, R.H., Jr. (1982). *In search of excellence.* New York: Harper & Row.

Scull, A.T. (1977). *Community treatment and the deviant: A radical view.* Englewood Cliffs, NJ: Prentice-Hall.

Wehman, P., & Moon, S. (Eds.). (1988). *Vocational rehabilitation and supported employment.* Baltimore: Paul H. Brookes Publishing Co.

Wolfensberger, W. (1983). Social role valorization: A proposed new term for the principle of normalization. *Mental Retardation*, 21, 234-239.